

Sherwood Basketball Organization Consent for Medical Care



Date: _____

As the parent or legal guardian of _____, I hereby give my consent for any emergency medical treatment as approved by the Team Coach or other adult overseeing basketball activities, in case of illness or injury while participating in all levels of practice, travel, league, or tournament play during the Sherwood Basketball Organization 2000-2001 season. I understand that this is to prevent undue delay and assure prompt treatment, and that only a licensed physician will be engaged for such emergency.

Signature

Relationship

Print Your Name

Home Phone

Street Address

Work Phone

City, State, Zip

Cell Phone

Players should be covered under a primary insurance policy.

Name of Insurance Company

Group or ID Number

Note:

Parents will be notified in case of serious illness or injury as quickly as they can be reached. The intent of this consent is to facilitate prompt treatment. In the event we are unable to reach a parent/guardian indicated above, please contract the following:

Print Your Name

Home Phone

Relationship

Work Phone

Cell Phone

If your child suffers from any health conditions, allergies, diabetes, etc. of which the knowledge by his/her Team Coach may be beneficial to the child's welfare, please describe the condition or symptoms and any special instruction in the space below. Use the back of this form if necessary.

